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FLORIDA PROFIT/NON PROFIT CORPORATION

Center for Sleep and Lung Disorders Inc.

Certificate of Status	0
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C.S.L. 3-13

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Center for Sleep and Lung Disorders Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**Center for Sleep and Lung Disorders Inc.
5640 Spinnaker Loop
Lady Lake, FL 32159**

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ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

200 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Anupama Upadya
5640 Spinnaker Loop
Lady Lake, FL 32159**

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

**Anupama Upadya - President/Director
5640 Spinnaker Loop
Lady Lake, FL 32159**

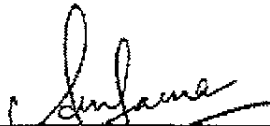
ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**Anupama Upadya
5640 Spinnaker Loop
Lady Lake, FL 32159**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

5th day of February 2007.



Anupama Upadya - Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Center for Sleep and Lung Disorders Inc.

2. The name and address of the registered agent and office is:

Anupama Upadya

Name

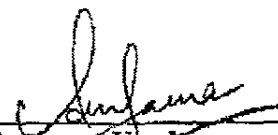
5640 Spinnaker Loop

(P.O. Box or Mail Drop Box NOT Acceptable)

Lady Lake, FL 32159

(City / State / Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.


Anupama Upadya
SIGNATURE

February 5, 2007
(Date)

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